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In re application of: Goodman et al.

Group No.:

Serial No.: 0 /

Filed:

Examiner:

For: A Method of Incentivising Members of a Disease Management Programme to Comply with the Programme

Assistant Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL OF CERTIFIED COPY

Attached please find the certified copy of the foreign application from which priority is claimed for this case:

Country: SOUTH AFRICA

Application

Number: 2000/4682

Filing Date: 06 SEPTEMBER 2000

WARNING: "When a document that is required by statute to be certified must be filed, a copy, including a photocopy or facsimile transmission of the certification is not acceptable." 37 CFR 1.4(f) (emphasis added).


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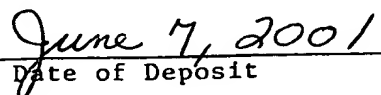
TOLEDO, OHIO 43604

NOTE: The claim to priority need be in no special form and may be made by the attorney or agent, if the foreign application is referred to in the oath or declaration, as required by § 1.63.

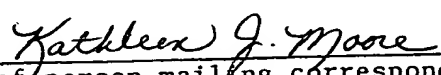
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Kathleen J. Moore

Typed or printed name of person mailing correspondence

Sertifikaat

REPUBLIEK VAN SUID-AFRIKA



REPUBLIC OF SOUTH AFRICA



Certificate

PATENTKANTOOR

PATENT OFFICE

DEPARTEMENT VAN HANDEL
EN NYWERHEIDDEPARTMENT OF TRADE
AND INDUSTRYHiermee word gesertifiseer dat
This is to certify that

the documents attached hereto are true copies of the Forms P2, P6,
provisional specification and drawings of South African Patent Application No. 2000/4682 in
the name of Discovery Health Limited

Filed : 6 September 2000

Entitled : A Method of Incentivising Members of a
Disease Management Programme to
Comply with the Programme

Geteken te
Signed at

PRETORIA

in die Republiek van Suid-Afrika, hierdie
in the Republic of South Africa, this

16 dag van
day of

MAY 2001

Registrateur van Patente
Registrar of Patents

REPUBLIC OF SOUTH AFRICA
PATENTS ACT, 1978
APPLICATION FOR A PATENT
AND ACKNOWLEDGEMENT OF RECEIPT
(Section 30 (1) - Regulation 22)

R 0600.00

R 0600.00

HASR 505

The granting of a patent is hereby requested by the undermentioned applicant on the basis of the present application filed in duplicate

REPUBLIC VAN SUID AFRIKA
S & F REFERENCE

OFFICIAL APPLICATION NO.

21	01	20004682
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PA129488/P

FULL NAME(S) OF APPLICANT(S)

71	DISCOVERY HEALTH LIMITED	REGISTRAR OF PATENTS, DESIGNS, TRADE MARKS AND COPYRIGHT
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ADDRESS(ES) OF APPLICANT(S)

	25 FREDMAN DRIVE, SANDTON, GAUTENG, SOUTH AFRICA	2000 -09- 06
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TITLE OF INVENTION

54	A METHOD OF INCENTIVISING MEMBERS OF A DISEASE MANAGEMENT PROGRAMME WITH THE PROGRAMME	MENTREKORREKTORE TO COMPLY HANDELSMERKE EN OUTEURSREG
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THE APPLICANT CLAIMS PRIORITY AS SET OUT ON THE ACCOMPANYING FORM P.2. THE EARLIEST PRIORITY CLAIM IS:

COUNTRY: NIL	NUMBER: NIL	DATE: NIL
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THIS APPLICATION IS FOR A PATENT OF ADDITION TO PATENT APPLICATION NO.

21	01	
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THIS APPLICATION IS A FRESH APPLICATION IN TERMS OF SECTION 37 AND IS BASED ON APPLICATION NO.

21	01	
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THIS APPLICATION IS ACCOMPANIED BY:

- ☒ 1. A single copy of a provisional specification of 14 pages.
- ☐ 2. Drawings of sheets
- ☐ 3. Publication particulars and abstract (Form P.8 in duplicate).
- ☐ 4. A copy of Figure of the drawings (if any) for the abstract.
- ☐ 5. Assignment of invention.
- ☐ 6. Certified priority document.
- ☐ 7. Translation of the priority document.
- ☐ 8. Assignment of priority rights.
- ☐ 9. A copy of the Form P.2 and the specification of S.A. Patent Application No.
- ☐ 10. Declaration and power of attorney on Form P.3.
- ☐ 11. Request for ante-dating on Form P.4.
- ☐ 12. Request for classification on Form P.9.
- ☒ 13. Form P.2 in duplicate.
- ☐ 14. Other.

74 ADDRESS FOR SERVICE: SPOOR AND FISHER, SANDTON

Dated: 6 September 2000



SPOOR AND FISHER
PATENT ATTORNEYS FOR THE APPLICANT(S)

REGISTRAR OF PATENTS, DESIGNS, TRADE MARKS AND COPYRIGHT
2000 -09- 06
REGISTRAR VAN PATENTE, MODELLE, HANDELSMERKE EN OUTEURSREG
REGISTRAR OF PATENTS

REPUBLIC OF SOUTH AFRICA			REGISTER OF PATENTS			PATENTS ACT, 1978		
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FULL NAME(S) OF APPLICANT(S)/PATENTEE(S)								
71	DISCOVERY HEALTH LIMITED							
APPLICANTS SUBSTITUTED:						DATE REGISTERED		
71								
ASSIGNEE(S)						DATE REGISTERED		
71								
FULL NAME(S) OF INVENTOR(S)								
72	1. GOODMAN, MAURICE RONAN 2. MANSON, LORI 3. NOSSEL, CRAIG							
PRIORITY CLAIMED		COUNTRY		NUMBER		DATE		
N.B. Use International abbreviation for country (see Schedule 4)		33	NIL	31	NIL	32	NIL	
TITLE OF INVENTION								
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ADDRESS OF APPLICANT(S)/PATENTEE(S)								
25 FREDMAN DRIVE, SANDTONGAUTENG								
ADDRESS FOR SERVICE						S AND F REF		
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FRESH APPLICATION BASED ON				DATE OF ANY CHANGE				

REPUBLIC OF SOUTH AFRICA
PATENTS ACT, 1978

PROVISIONAL SPECIFICATION

(Section 30(1) – Regulation 27)

OFFICIAL APPLICATION NO.

LODGING DATE

21	01	20004682
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22	6 SEPTEMBER 2000
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FULL NAMES OF APPLICANTS

71	DISCOVERY HEALTH LIMITED
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FULL NAMES OF INVENTORS

72	GOODMAN, MAURICE RONAN MANSON, LORI NOSSEL, CRAIG
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TITLE OF INVENTION

54	A METHOD OF INCENTIVISING MEMBERS OF A DISEASE MANAGEMENT PROGRAMME TO COMPLY WITH THE PROGRAMME
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BACKGROUND OF THE INVENTION

This invention relates to a method of incentivising members of a disease management programme to comply with the programme.

Known disease management programmes typically face the major problem of poor patient compliance with an enforced, funder driven programme.

It is therefore an object of the present invention to provide a method of incentivising members of a disease management programme to comply with the programme in order to address this problem. This effectively changes the programme from a supply side "push" to a demand side "pull" programme.

SUMMARY OF THE INVENTION

According to a first embodiment of the present invention, there is provided a method of incentivising members of a disease management programme to comply with the programme, the method comprising the steps of:

defining a plurality of general programme areas and a plurality of specific programme areas;

associating each of the plurality of general programme areas with each of the diseases managed by the programme;

associating each of the plurality of specific programme areas only with those diseases managed by the programme to which the specific programme area is determined to be of particular benefit to a member afflicted with the disease;

awarding points to a member for each of the programme areas in which the member participates, only if the member is afflicted with a disease which is associated with that particular programme area; and

allocating a reward to the member if the points awarded to the member accumulate to a predetermined amount.

Preferably, points are only awarded to the member if the member participates in all of the programme areas which are associated with the disease or diseases with which the member is afflicted.

Alternatively, additional points are awarded to the member if the member participates in all of the programme areas which are associated with the disease or diseases with which the member is afflicted.

The general programme areas may be diet, exercise, smoking and education.

The specific programme areas may be blood pressure, flow volume loop measurement, influenza vaccine, pneumococcal vaccine, cholesterol and long term glucose control.

According to a second embodiment of the present invention there is provided a method of incentivising members of a disease management programme to comply with the programme, the method comprising the steps of:

- defining a plurality of general programme areas and a plurality of specific programme areas;

- associating each of the plurality of general programme areas with each of the diseases managed by the programme;

- associating each of the plurality of specific programme areas only with those diseases managed by the programme to which the specific programme area is determined to be of particular benefit to a member afflicted with the disease;

- defining a measurable within each of the general and specific programme areas so that a member's performance within said programme area can be ascertained;

- defining a minimum level for each measurable, which minimum level indicates a minimum required level of member performance within each of the programme areas;

awarding points to a member if the member obtains the minimum level of a measurable for a particular programme area only if the member is afflicted with a disease which is associated with that particular programme area; and

allocating a reward to the member if the points awarded to the member accumulate to a predetermined amount.

Preferably, additional points are awarded to the member if they obtain the minimum level of a measurable for all of the programme areas which are associated with the disease with which the member is afflicted.

DESCRIPTION OF AN EMBODIMENT

According to the present invention, people suffering from one or more of a list of predetermined diseases qualify to become members of the disease management programme of the present invention.

For illustrative purposes, the invention will be described with reference to the following conditions:

1. Hypertension.
2. Diabetes Mellitus.
3. Hyperlipidaemia.
4. Asthma.
5. Chronic Obstructive Pulmonary Disease (COPD).

It will be appreciated that the method of the present invention could be equally applied to any other disease or condition, and is particularly suitable for any other type of chronic disease.

According to the invention, a plurality of general programme areas and specific programme areas are defined. Each of the diseases managed by the programme are associated with each one of the general programme areas, while the specific programme areas are only associated with those diseases managed by the programme to which they would be of particular benefit to a person stricken by that disease.

For the illustrative diseases of the present invention, the table below shows the general and specific programme areas:

DESCRIPTION OF THE PROGRAMME

	<u>General</u>				<u>Specific</u>					
	Diet	Exercise	Smoking	Education	Blood Pressure	Flow Vol Loop	Flu vaccine	Pneumo vaccine	Cholesterol	Long term glucose control
Hypertension										
Asthma										
Hyperlipidaemia										
COPD										
Diabetes Mellitus										

It will once again be appreciated that the general and specific programme areas selected could include other general or specific programme areas if these were found to be particularly beneficial to a person stricken with a disease managed by the programme.

Furthermore, if it was found that one of the general or specific programme areas were not particularly beneficial to a person stricken with the disease, these could be removed from the programme, either altogether or for a particular disease only.

It is obvious that these programme areas may be relevant even to a person not stricken with one of the illustrated diseases. However, a programme area is only linked to a disease if there is some particular advantage that the programme area would have for a person afflicted with the disease over and above the advantage the programme area would have for a person not afflicted with the disease.

Referring to the above table, and using hypertension as an example, all the general programme areas of diet, exercise, smoking and education are important for the disease management of a person with hypertension.

Furthermore, the specific programme areas of blood pressure measurements and cholesterol are important to a person with hypertension. However, flow volume loop, an influenza vaccine, a pneumococcal vaccine and long term glucose control are not of particular importance to a person with hypertension only.

For each one of the diseases managed by the programme, a member of the programme will be awarded points either for participating in a relevant programme area and/or for complying with a required level of performance within the programme area only if the member is afflicted with a disease which is associated with that particular programme area. The points allocation will be described in more detail below.

Thus, a person afflicted with hypertension is awarded points for complying with a required level of performance within the programme areas of diet, exercise,

smoking, education, blood pressure and cholesterol, but will not be awarded points for participating and/or complying with a required level of performance within the programme areas of flow volume loop and long term glucose control, unless the person also suffers from another disease which may have these areas associated.

It is obviously important that each of the programme areas have measurables by means of which it is possible to test whether a member of the programme is complying with a required level of performance for that particular programme area.

For the general programme area of "diet", three possible measurables are the body mass index, the percentage body fat of the member or a goal weight certificate from an accredited weight organisation such as Weigh-Less TM.

A minimum level of performance is achieved if a member's body mass index or percentage body fat result is within the acceptable range depending on the member's age and gender, or if the member obtains a goal weight certificate, for example, from Weigh-Less, at one point in the year.

The cost of obtaining the body mass index measurement, the percentage body fat measurement or the goal weight certificate is typically borne by the member.

The measurable for the general programme area of "exercise" is two fitness assessments per year, at least five months apart. The member will have complied with the minimum acceptable level if they maintain at least a predetermined level of fitness. If a member's disease prohibits them from obtaining the required fitness level, as may be the case with COPD or any another physical impairment, this should be taken into account by the fitness assessor.

The measurable for the general programme area of "smoking" is a urine cotinine test, with the obvious minimum level of performance being that the test must be negative.

It is also possible to perform the urine cotinine test on a random selection of members. However, because it is essential that patients with hypertension, hyperlipidaemia, diabetes mellitus, asthma and COPD do not smoke, this test should be performed on all members with these chronic illnesses.

The measurable for the general programme area of "education" is a questionnaire prepared by the managers of the disease management programme. Members need only complete the questionnaire once off and thereafter at the discretion of the managers of the disease management programme. The minimum level of performance is merely that the member completes the questionnaire either on-line using a computer or together with a qualified person who can correct the member when the member gives a wrong answer, thereby educating the member.

Turning now to the specific programme areas, the measurable for "blood pressure" is two blood pressure measurements per year, at least five months apart.

A typical minimum acceptable level for the blood pressure measurements is equal to or less than 140/90 mmHg.

The measurable for "flow volume loop" is 3 flow volume loop measurements per year, each at least three months apart. A typical minimum acceptable level for Asthma patients is as follows:

FEV₁ > 80% predicted

FVC > 80% predicted
TLCO > 80% predicted
FEV₁/FVC > 80% predicted

As COPD is not reversible, there is no minimum acceptable level for a COPD patient.

The measurable for the "influenza vaccine" is one approved vaccination per year between 1 March and 30 April when the programme is managed in the Southern Hemisphere. In this case, the minimum acceptable level is equal to merely performing in this programme area.

The measurable for the specific programme area of "pneumococcal vaccine" is once every five years for high-risk patients.

The measurable for the specific programme area of "cholesterol" is a cholesterol screening test or a fasting cholesterol test, once a year for members with hyperlipidaemia, hypertension and diabetes mellitus. The following are the minimum acceptable levels:

Cholesterol	Level
Total	< 5 mmol/L
LDL-C	< 3 mmol/L
HDL-C	< 1 mmol/L

The measurable for the specific programme area of "long term glucose control" is an HbA1c test which is a glycosylated haemoglobin test which measures the patient's glucose control during the preceding three months. A member must obtain two measurements per year, at least six months apart. An acceptable minimum level is a test result of 7% or less.

Turning now to the points allocation, according to the present invention the points are allocated to members based on a multi-level system. On the first level, a member is awarded points for merely taking part in a programme area associated with their disease. Thus a member merely going for a fitness assessment will be awarded points regardless of the results of the assessment.

Where a member is afflicted with more than one disease, they will be awarded points for taking part in a programme area associated with any of their diseases. Where a programme area is associated with more than one disease, the member will only be awarded points once for taking part in that programme area.

The second level of the points allocation system is that a member will be awarded an even greater number of points for taking part in all of the programme areas associated with the disease with which the member is afflicted. This is because it is more important for members to take part in all of the programme areas than if they were only to take part in some of the programme areas. Thus, the points are awarded so that a member obtains bonus points for participating in all of the programme areas. It will be appreciated that the points allocation could be set up so that a member only gets allocated points if they participate in all of the programme areas.

Where a member is afflicted with more than one disease, they will have to take part in all of the programme areas associated with all of the diseases with which the member is afflicted to obtain their level two bonus points.

The third level of points allocation occurs if the member actually attains a minimum level for a measurable of a programme area associated with their disease or diseases. Thus, it is not merely the member's participation in the

programme area which is required, but the member must attain an acceptable minimum level within that programme area before they will be awarded points.

Once again, where a member is afflicted with more than one disease, they will be awarded points for obtaining an acceptable minimum level within a programme area associated with any of their diseases. Where a programme area is associated with more than one disease, the member will only be awarded points once for taking part in that programme area.

For some diseases, the acceptable minimum level is more stringent than for others to obtain level three points. Thus a member afflicted with more than one disease must meet the most stringent acceptable minimum level to obtain these points.

The final level of points allocation is if the member attains the acceptable minimum level for a measurable in all of the programme areas associated with their disease or diseases.

As with level two, where a member is afflicted with more than one disease, they will have to attain the acceptable minimum level for a measurable in all of the programme areas associated with all of their diseases to obtain their level four bonus points.

It will be appreciated that the present invention can be implemented using the points allocation of all of the abovementioned levels, or the present invention can be implemented using a combination of only some of these levels.

The prototype of the present invention was implemented using the first, second and third levels.

For example, a member who has hypertension earns first level points by participating in the general and specific programme areas associated with the disease.

In the prototype, these points are as follows:

Diet – 5000

Exercise – 15 000

Smoking – 5 000

Education – 1 000

Blood Pressure – 1 000

Cholesterol – 2 000

For participating in all of the programme areas associated with a disease, a member will typically obtain the above points together with an additional 4 000 bonus points. This is the second level of the points allocation system.

On the next level of the points allocation, the member is awarded 600 points for achieving the minimum level within each programme area, as described above. Thus, a member with hypertension is able to earn 3 600 extra points in total on this level, while a member with Diabetes Mellitus is able to earn an extra 5 400 points on this level.

Finally, if the member achieves the minimum levels for all of the programme areas for a particular disease, the member is awarded another suitable amount of bonus points. This level was not implemented in the prototype of the invention, but is an obvious extension of the prototype of the invention.

Once the points awarded to a member accumulate to a predetermined amount, the member is rewarded in an appropriate way. The reward may be a cash payout, special options on services such as aeroplane tickets and/or car

rentals or any other appropriate reward. The amount of the reward is related to the amount of points accumulated by the member, so the more points a member accumulates the more they are rewarded.

Thus it will be appreciated that the present invention incentivises members to comply with the disease management programme.

It will also be appreciated that the present invention could be applied where the members of the programme do not yet have a disease, but are identified as being in a high risk group for a particular disease. In this case, by being incentivised to comply with the programme, the member's health is protected thereby hopefully preventing them from contracting the disease.

Furthermore, the present invention could equally be applied to incentivise doctors to help their patients comply with the programme. Thus, a doctor whose patient obtains points for any of the various levels could also be awarded points, thus incentivising the doctor to further encourage the patient to comply with the programme.

Dated this 6th day of September 2000



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SPOOR AND FISHER
APPLICANTS PATENT ATTORNEYS